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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Danis and News Law)                    |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| SUBJECT: Boha                         | o amore LLC<br>Name of Lin                   |   |  |
|---------------------------------------|--|---|--|
| · · · · · · · · · · · · · · · · · · · | Name of Lin                                  | nited Liability Company   |  |
|                                       |  |   |  |
| The enclosed Articles of A            | mendment and fee(s) are sub                  | omitted for filing.   |  |
| Please return all correspon           | dence concerning this matter                 | to the following:   |  |
|                                       | Teresa M.                                    | Pollack<br>Name of Person   |  |
|                                       | Boho amore                                   | Firmy Company   | Homeowner Solutions  |
|                                       | 411 Walnus                                   | Address   |  |
|                                       | Green Cove.                                  | Springs, FL 3204<br>City/State and Zip Code                             | <u>13</u>  |
|                                       | Tpollack 49<br>E-mail address:               | (to be used for future annual report notific                            | cation)  |
| For further information con           | ncerning this matter, please c               | all:  |  |
| Teresa M. Name of                     | Pollack<br>Person                            | at (941) 702 - 09<br>Area Code Daytime                                  | 724<br>Telephone Number  |
| Enclosed is a check for the           | following amount:                            | /   |  |
| ☐ \$25.00 Filing Fee                  | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                                       |  |   |  |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Boho amore, LLO  | C   |                              |
|--|---|------------------------------|
| (Name of the Limited Liability Compa-<br>(A Florida Limited L  | ny as it now appears on our record;<br>Liability Company) | <u>s.</u> )                  |
| The Articles of Organization for this Limited Liability Company  | were filed on 4/1/19                                      | and assigned                 |
| Florida document number <u>L 190000 88081</u> .  |   |                              |
| This amendment is submitted to amend the following:  |   |                              |
| A. If amending name, enter the new name of the limited liabile Science Solut.  The new name must be distinguishable and contain the words "Limited Liabile". |   | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | <u> </u>  |                              |
| (Principal office address MUST BE A STREET ADDRESS)  | ·   |                              |
|  |   |                              |
| Enter new mailing address, if applicable:  | MA  |                              |
| (Mailing address MAY BE A POST OFFICE BOX)   | ·   | ₹ <u>₹</u>                   |
|  |   | >> <b>&amp;</b> 1            |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:       | 2:  |                              |
|  |   |                              |
| New Registered Office Address:   | Enter Florida street address                              |                              |
|  | £1o   | vid.                         |
| <del></del>  | City  | Zip Code                     |
| registered agent and/or the new registered office address here   | Enter Florida street address                              |                              |

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Manager             |  |
|---------------------------|--|
| MGR - Manager             |  |
| AMBR = Authorized Member  |  |
| AMDIX - Authorized Member |  |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action     |
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| ffective date, if other than the date of filing:  'an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days to the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records. |   |                      |
| e record specifies a delayed effective date, but not an effective time, at 1.<br>The 90th day after the record is filed.  | 2:01 a.m. on th   | e earlier of:        |
| Oated 8/27 . 2019.  Occided Discontinuous Carlo (and Carlo Signature of a member or authorized representative of a member   |   |                      |
| Director Do Callack   | <del> </del>  | <del></del>          |
| Signature of a member of authorized representative of a member  |   |                      |